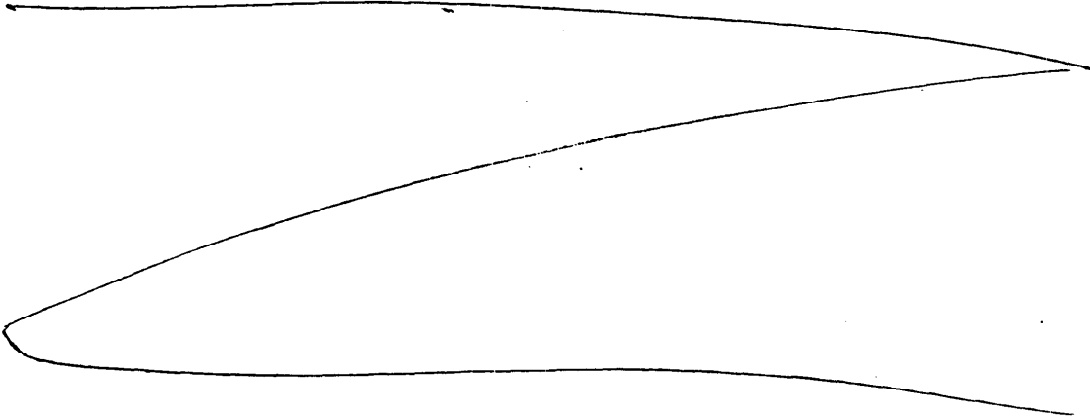


950105 CCC 3200

Exhibit # 7

U.S. CONSUMER PRODUCT SAFETY COMMISSION		1. AREA OFFICE ADDRESS 602/ 379-3510 CPSC Arizona Office 522 N. Central Avenue, Room 207 Phoenix, Arizona 85004	
2. NAME OF INDIVIDUAL Nancy Lewis		3. TITLE OF INDIVIDUAL Consumer	
4. DATE 2-3-95		5. FIRM NAME N/A	
6. SAMPLE NUMBER T-869-8570		7. NUMBER AND STREET 230W Surrey Ave.	
8. CITY AND STATE (Include Zip Code) Phoenix, AZ 85029		9. SAMPLES COLLECTED (Describe fully. List lot, serial, model numbers and other positive identification)	
<p>The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f)) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b)) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d)) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)) [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)], and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.</p> <p>Sample consists of one toaster/ oven which is labeled in part BLACK & DECKER MODEL NO. TRD510</p> 			
10. SAMPLES a. AMOUNT RECEIVED FOR SAMPLE 5 Nancy C. Lewis		11. SAMPLES WERE <input checked="" type="checkbox"/> PURCHASED	
b. SIGNATURE (Person to whom sample received)		12. COLLECTOR a. NAME (Print or type) Zannie E. Weaver b. SIGNATURE	

950105CCC 3200

Exhibit # 8

AFFIDAVIT

SAMPLE NO.

T-864-8570

STATE OF

Arizona

COUNTY OF

Maricopa

Before me, Jannie E Weaver, a duly authorized employee of the Consumer Product Safety Commission, appropriately designated by the Chairman of said Commission pursuant to provisions of the Consumer Product Safety Act (sec. 27 (b)(2), 86 Stat. 1228; 15 U.S.C. 2076 (b)(2)), to administer or take oaths, affirmations, and affidavits, personally appeared Nancy Lewis in the county and State aforesaid, who, being first duly sworn, deposes and says:

My name is Nancy Lewis and I live at 230 W. Surrey Avenue, Phoenix, AZ 85029. During 9-11-94 I used my Black & Decker toaster oven to toast a muffin around 1 p.m. Around 2 p.m. my husband + I smelled something electrical burning. We investigated and found out that the toaster was malfunctioning. It was very hot to the touch + appeared to be burning. My husband unplugged the toaster and took it outside. The toaster stopped smoking/burning when we unplugged the unit and placed it outside. CPSC Investigator Weaver collected the toaster as a sample.

Nancy E Lewis

AFFIANT'S SIGNATURE & TITLE

230 W Surrey Ave. Phoenix Az 85029

FIRM (Name and address, include ZIP Code)

Subscribed and sworn to before me at

Phoenix, Arizona

(City and State)

this

3

day of

Feb.

1995

Jannie E Weaver

(Employee's Signature)

EMPLOYEE OF THE CONSUMER PRODUCT SAFETY
COMMISSION ACTING IN ACCORDANCE WITH AUTHORITY
GRANTED IN THE ABOVE STATED DECLARATION.

1 C-21 *Final* CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Nancy Lewis		2. TELEPHONE NO. (Home) (Work) 602/ 866-2077	
3. STREET ADDRESS 230 W. Surrey Avenue		4. CITY STATE ZIP CODE Phoenix, Arizona 85029	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Respondent used her toaster oven around 1 p.m. to toast a muffin. Around 2 p.m. she & her husband began smelling something burning. It smelled electrical. They saw smoke coming out of the toaster. The toaster was very hot to the touch. Her husband unplugged the toaster and took it outside. It stopped burning when they unplugged the toaster. Respondent is upset that the toaster caught on fire & could have caused a house fire which might have injured her and her husband. The toaster was not being used at the time it began burning. They did not notice any heat damage to the electrical plug or cord.			
6. DATE OF INCIDENT(S) 9-11-94 2 P.M.	7. IF INJURY OR NEAR MISS, OBTAIN NO INJURY AGE _____ SEX _____ AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT countertop toaster oven		10. BRAND NAME Black & Decker Toast-R-Oven	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Black & Decker Customer Assistance 6 Armstrong Road Shelton, CN 06485-4797 203/ 926-3000 1-800-231-9786 <i>(15)</i> <i>FBI</i>		12. MODEL SERIAL NO.'S Model # TRO510TY toaster listed # 228E 13. DEALER'S NAME, ADDRESS & PHONE Price Club 5850 W. Bell Road Glendale, AZ 85308	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____ _____ _____		15. PRODUCT PURCHASED NEW _____ XXX USED _____ DATE PURCHASED 11-29-93 AGE _____ 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____ _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES XXX NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES XXX NO _____ IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES XXX NO _____	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 9-16-94	21. RECEIVED BY (Name & Office) <i>Phoenix, AZ</i> <i>Jeanne E. W. Lewis</i>		DOCUMENT NO. F4B0166A
23. FOLLOW-UP ACTION 9501050003200			24. PRODUCT CODE(S)
25. DISTRIBUTION		26. ENDORSER'S NAME & TITLE	

ACCIDENT INVESTIGATION REQUEST FORM

JCS
cc: file

Document Number F-301-44

Date of Incident 9/1/95

Category I.D. SEC 7/15/1995

Follow-Up Requested

Hazard Analysis

Section 15

Type Follow-Up Requested

Telephone Call

On-Site

Headquarters Contact R. Rauchschnalbe

Assignment Message Obtain toaster oven for engineering evaluation.

Person(s) to Contact Nancy Lewis
Phoenix, AZ

Guideline

Requested By RR

Task Number 950105 OLC 3200

Assigned to SFCC

Date 6/05/95

Exhibit # 10

18A. HISTORY:

> Pls conduct an investigation involving this trailer — obtain details per attached assignment request.

CPSC Form 167R (created 10/91)

Page 1

FIELD ACTIVITY REQUEST			
1. REGION/STATE]	2. OPERATION [Check Appropriate Block(s)]	3a. DATE ISSUED	
FOWR/ PCH X]	<input type="checkbox"/> Inspection <input type="checkbox"/> Recall Effect Check]		
4. NUMBER]	<input type="checkbox"/> Telephone Contact <input type="checkbox"/> Investigation]	3b. TRGT DATE	
950105 CCC 3200A]	<input checked="" type="checkbox"/> Sample Collection <input type="checkbox"/> Other]		
5. ESTABLISHMENT			
Name: M. Lewis			
Address: 230 W. Surrey			
City: Phoenix			
Phone: () -			
State: ZIP: ->			
6. PRODUCT	7. HOURS		
toaster		Travel: > . —	
8. MANAGEMENT CODES	9. DATE COMPLETED		
MIS: 32626 FPC Nr.	>		
NEISS: 0216	>		
10. SUPERVISORY INVESTIGATOR	11. INVESTIGATOR		
Joel Swisher	> Zannie Weaver		
12. COMPLIANCE OFFICER	13. PRIORITY		
	>		
	>		

14A. HISTORY: *Toaster malfunctioned*

14B. ACTION REQUESTED:
*collected toaster as sample. See
 attach assignment documents.*

15. REQUESTOR'S NAME	TITLE	SIGNATURE
>		
>		
16. DISTRIBUTION		
Orig: Investigator		
cc: Supervisory Investigator		
FOWR Prog. Mgr. (LCornell)		
FOWR Compliance		

X
JCS
cc: file

ACCIDENT INVESTIGATION REQUEST FORM

Document Number F-3-1111
Date of Incident 3/1/95 Category I.D. SECT 15 1995
Follow-Up Requested _____ Hazard Analysis Section 15
Type Follow-Up Requested _____ Telephone Call On-Site
Headquarters Contact R. Rauchschnalbe
Assignment Message Obtain toaster oven for engineering
evaluation.

Person(s) to Contact Nancy Lewis
Phoenix, AZ

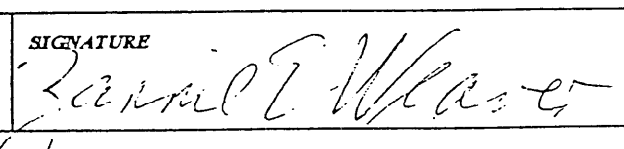
Guideline _____

Requested By RR
Task Number 950105000 3200
Assigned to SFOC Date 6/05/95

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Nancy Lewis		2. TELEPHONE NO. (Home) (Work) 602/ 866-2077	
3. STREET ADDRESS 230 W. Surrey Avenue		4. CITY STATE ZIP CODE Phoenix, Arizona 85029	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) <p>Respondent used her toaster oven around 1 p.m. to toast a muffin. Around 2 p.m. she & her husband began smelling something burning. It smelled electrical. They saw smoke coming out of the toaster. The toaster was very hot to the touch. Her husband unplugged the toaster and took it outside. It stopped burning when they unplugged the toaster.</p> <p>Respondent is upset that the toaster caught on fire & could have caused a house fire which might have injured her and her husband. The toaster was not being used at the time it began burning. They did not notice any heat damage to the electrical plug or cord.</p>			
6. DATE OF INCIDENT(S) 9-11-94 2 P.M.	7. IF INJURY OR NEAR MISS, OBTAIN AGE SEX AND DESCRIBE INJURY NO INJURY	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP NAME RELATIONSHIP	
9. DESCRIPTION OF PRODUCT countertop toaster oven		10. BRAND NAME Black & Decker Toast-R-Oven	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Black & Decker Customer Assistance 6 Armstrong Road Shelton, CN 06485-4797 203/ 926-3000 1-800-231-9786		12. MODEL SERIAL NO.'S Model # TRO510TY toaster listed # 228E 13. DEALER'S NAME, ADDRESS & PHONE Price Club 5850 W. Bell Road Glendale, AZ 85308	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW XXX USED DATE PURCHASED 11-29-93 AGE 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES XXX NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES XXX NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES XXX NO	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 9-16-94	21. RECEIVED BY (Name & Office) <i>Janine E. Williams</i>	22. DOCUMENT NO. F4B0166A	
23. FOLLOW-UP ACTION 9501050003200		24. PRODUCT CODE(S)	
25. DISTRIBUTION		26. ENDORSEER'S NAME & TITLE	

FIELD ACTIVITY COVERSHEET

1. REGION/STATE FOWR/PHX Arizona		2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other []		3. DATE
				4. NUMBER (For RO Use) 950105CCC3200
5. ESTABLISHMENT Name Black & Decker Inc. Address 6 Armstrong City Shelton State CT Zip 06485 Telephone				
6. RELATED FIRM <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other _____ Name City State				
7. PRODUCTS COVERED Toast-R-Oven Broiler (model # TRO510)			8. OTHER CONSUMER PRODUCTS []	
9. ESTABLISHMENT TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other []			10. ANNUAL PRODUCTION Product Covered \$ Units [] Other Products \$ Units []	
11. I.S. BUSINESS % Received [] % Shipped []	12. SAMPLES COLLECTED T-869-8570	13. MIS CODE 32626	14. HOURS Activity 6 hrs. + Travel 40 min. +	
15. REASON FOR ACTIVITY (Assignment Reference) IDI # 950105CCC3200 was assigned as a follow up to an incident report, # FB0166A.				
16. ANNOUNCED <input type="checkbox"/> Rationale for Announced Inspection UNANNOUNCED <input type="checkbox"/> N/A				
17. EMPLOYEE'S NAME Zannie E. Weaver		TITLE Investigator	SIGNATURE 	
18. () ENDORSEMENT () REMARKS () SUMMARY () OTHER _____				
19. REVIEWER'S NAME		TITLE	SIGNATURE	
20. REVIEW DATE	21. DISTRIBUTION			

F.I.R. EXHIBIT 3

REF Priel Club

DATE 2-3-95 INSPECTOR 39du

Consumer Product
Safety Commission
Injury Investigation
Task No.
950105602 3200

2 3 4 5 6 7

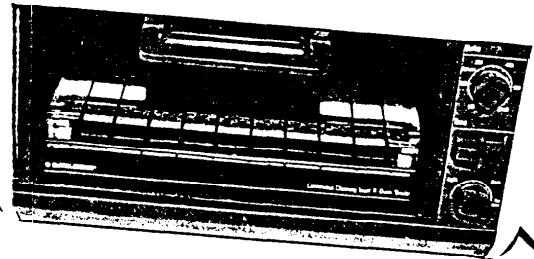


Photo #1 - Front view of toaster.

FIELD ACTIVITY REQUEST		
1. REGION/STATE]	2. OPERATION [Check Appropriate Block(s)]	3a. DATE ISSUED
[FOWR/LOS]	[X] Inspection [] Recall Effect Check	2-3-95
4. NUMBER]	[] Telephone Contact [] Investigation	3b. TRGT DATE
950105CCC 3200B	[] Sample Collection [] Other	
5. ESTABLISHMENT		
Name: Price Club		
Address: 5850 W Bell		
City: Glendale		
Phone: () -		
State: AZ ZIP: ->		
6. PRODUCT]	7. HOURS	
toaster		
8. MANAGEMENT CODES		9. DATE COMPLETED
MIS: 32626 FPC Nr.		>
NEISS:		>
10. SUPERVISORY INVESTIGATOR]	11. INVESTIGATOR	
Joel Swisher	> Zannie E. Weaver	
12. COMPLIANCE OFFICER]	13. PRIORITY	
	>	
	>	

14A. HISTORY: Incident report covering a malfunctioning toaster.

14B. ACTION REQUESTED:

Conduct a limited retail inspection.

15. REQUESTOR'S NAME]	TITLE]	SIGNATURE]
>]]]]]
>]]]]]
16. DISTRIBUTION		
Orig: Investigator		
cc: Supervisory Investigator		
FOWR Prog. Mgr. (LCornell)		
FOWR Compliance		

TC-21 *female* CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Nancy Lewis		2. TELEPHONE NO. (Home) (Work) 602/ 866-2077	
3. STREET ADDRESS 230 W. Surrey Avenue		4. CITY STATE ZIP CODE Phoenix, Arizona 85029	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Respondent used her toaster oven around 1 p.m. to toast a muffin. Around 2 p.m. she & her husband began smelling something burning. It smelled electrical. They saw smoke coming out of the toaster. The toaster was very hot to the touch. Her husband unplugged the toaster and took it outside. It stopped burning when they unplugged the toaster. Respondent is upset that the toaster caught on fire & could have caused a house fire which might have injured her and her husband. The toaster was not being used at the time it began burning. They did not notice any heat damage to the electrical plug or cord.			
6. DATE OF INCIDENT(S) 9-11-94 2 P.M.	7. IF INJURY OR NEAR MISS, OBTAIN AGE SEX AND DESCRIBE INJURY NO INJURY	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP	
9. DESCRIPTION OF PRODUCT countertop toaster oven		10. BRAND NAME Black & Decker Toast-R-Oven	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Black & Decker Customer Assistance 6 Armstrong Road Shelton, CN 06485-4797 203/ 926-3000 1-800-231-9786 <i>(15) FYI</i>		12. MODEL, SERIAL NO.'S Model # TRO510TY toaster listed # 228E 13. DEALER'S NAME, ADDRESS & PHONE Price Club 5850 W. Bell Road Glendale, AZ 85308	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW XXX USED DATE PURCHASED 11-29-93 AGE	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES XXX NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER		18. IS THE PRODUCT STILL AVAILABLE? YES XXX NO IF NOT, ITS DISPOSITION	
19. MAY WE USE YOUR NAME WITH THIS REPORT? XXX YES NO			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 9-16-94	21. RECEIVED BY (Name & Office) <i>Jeanne E. W. Lewis</i>		22. DOCUMENT NO. F4B0166A
23. FOLLOW-UP ACTION 9501050003200			24. PRODUCT CODE(S)
25. DISTRIBUTION		26. ENDORSEER'S NAME & TITLE	

ACCIDENT INVESTIGATION REQUEST FORM

Document Number F-301114

Date of Incident 9/11/95 Category I.D. SECT 15 1995

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested Telephone Call On-Site

Headquarters Contact R. Rouchschwalbe

Assignment Message Obtain toaster oven for engineering evaluation.

Person(s) to Contact Nancy Lewis
Phoenix, AZ

Guideline _____

Requested By RR

Task Number 950105 OLC 3200

Assigned to SFOC Date 01/05/95

950105CCC 3200
Exhibit # 9 - Photos



Photo # 1 - Toaster was
sitting on this counter
next to the refrigerator

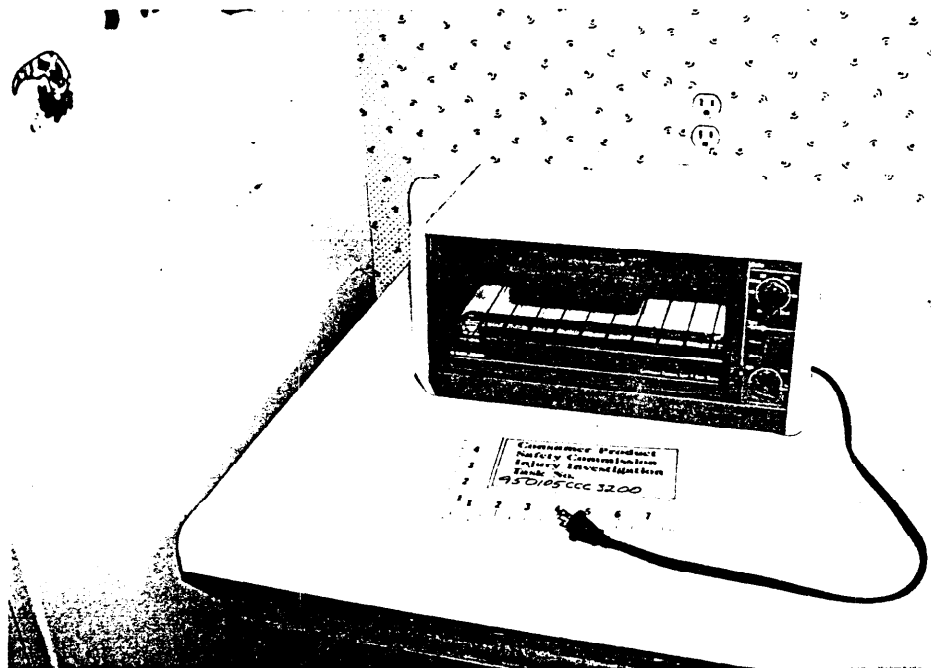


Photo # 2 - View of Toaster
+ wall outlet.

950105CC3200
Exhibit # 9 - Photos

Photo # 3 - Close up
of wall outlet,
notice perforated
plying.

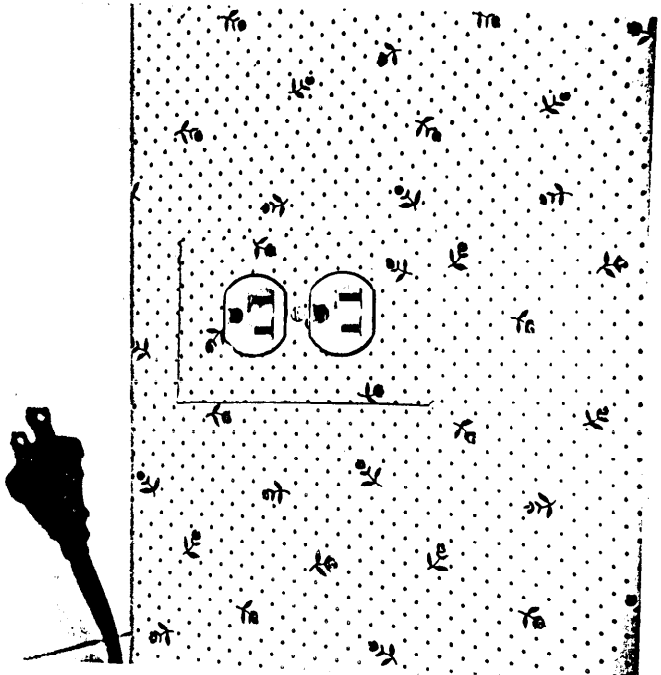


Photo # 4 - Brand
name on handle's
decks,

950105 C C C 3200
Exhibit #9

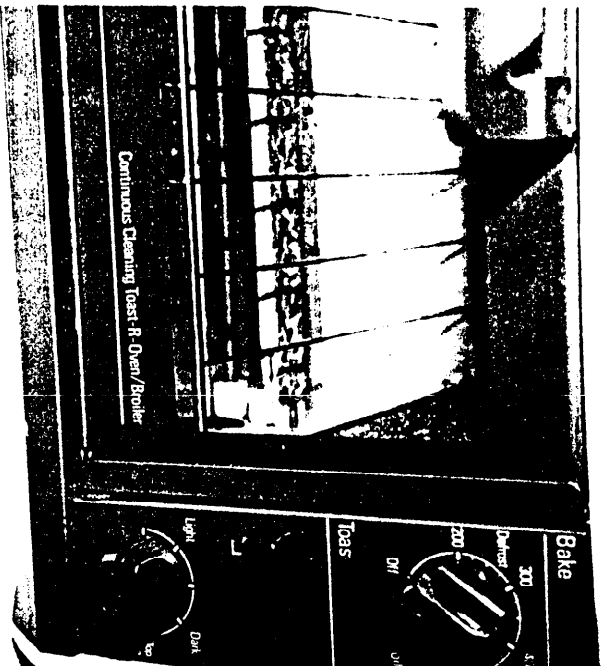


Photo #5- more
labeling on door,
notice controls
on side right.

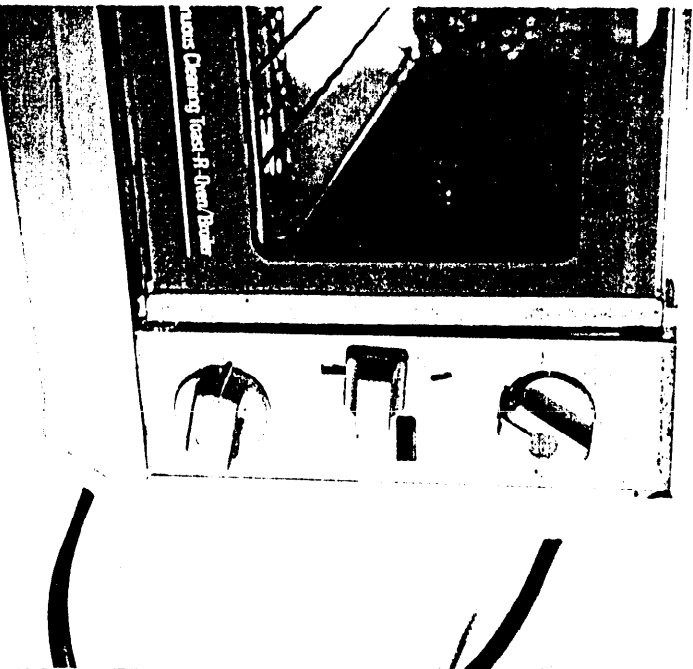


Photo #6- Another
view of the
controls.

950105 CCC 3200
Exhibit # 9

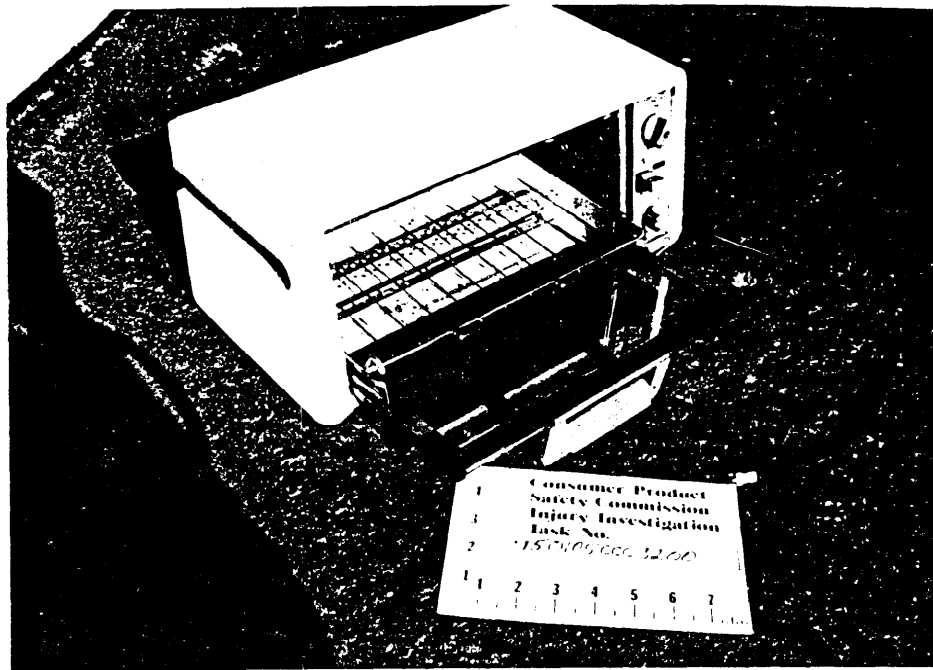


Photo # 7 - Toaster door opens from the top.

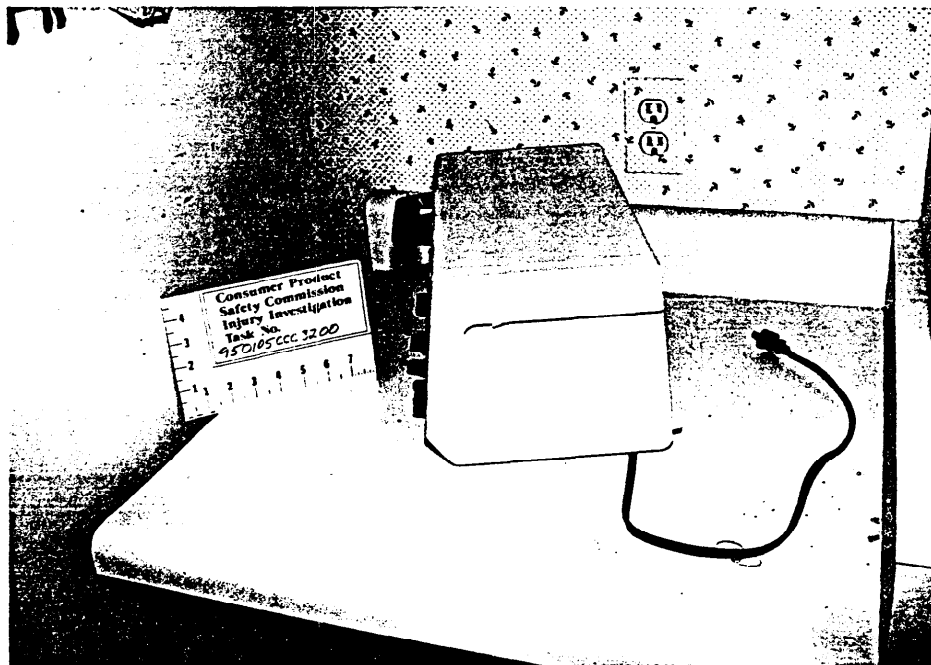


Photo # 8 - Side of toaster near the controls.

950105CCC3200
Exhibit # 9

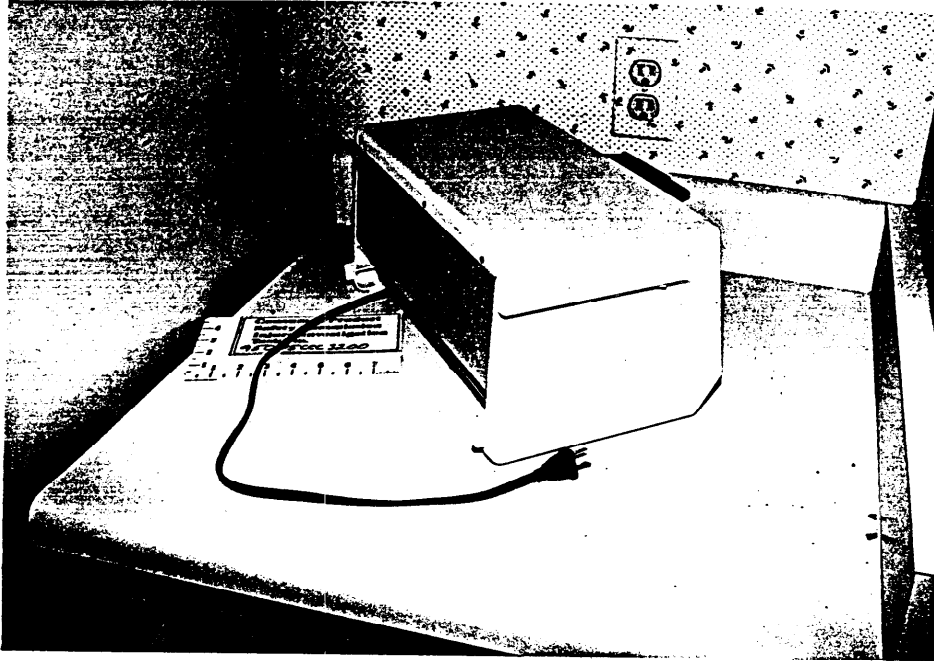


Photo # 9 - An angled view showing
the back and one side.

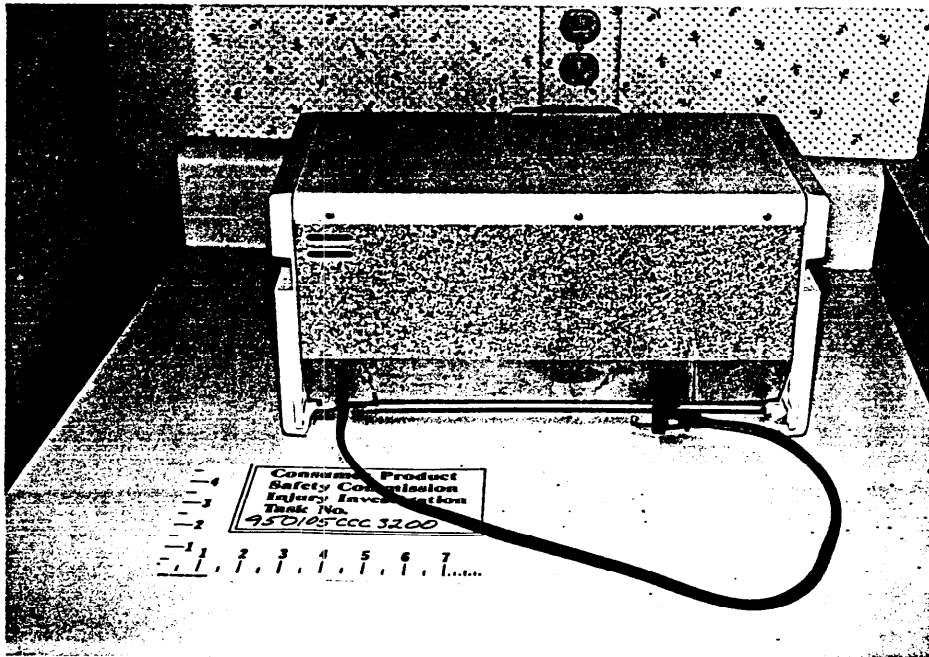


Photo #10 - View of back.

950105 CCC 3200
Exhibit # 9

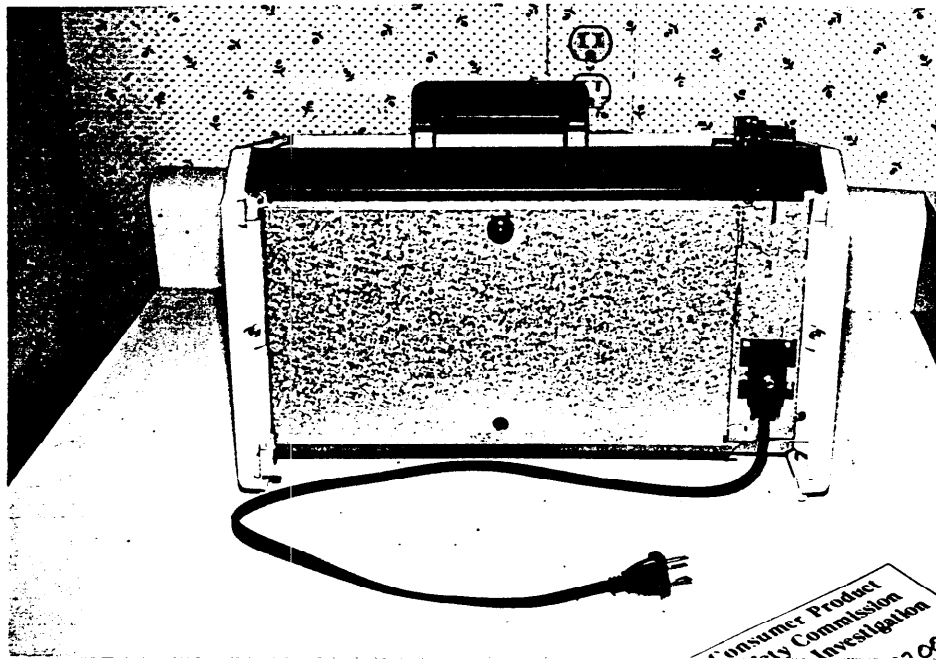


Photo # 11 - Bottom of toaster

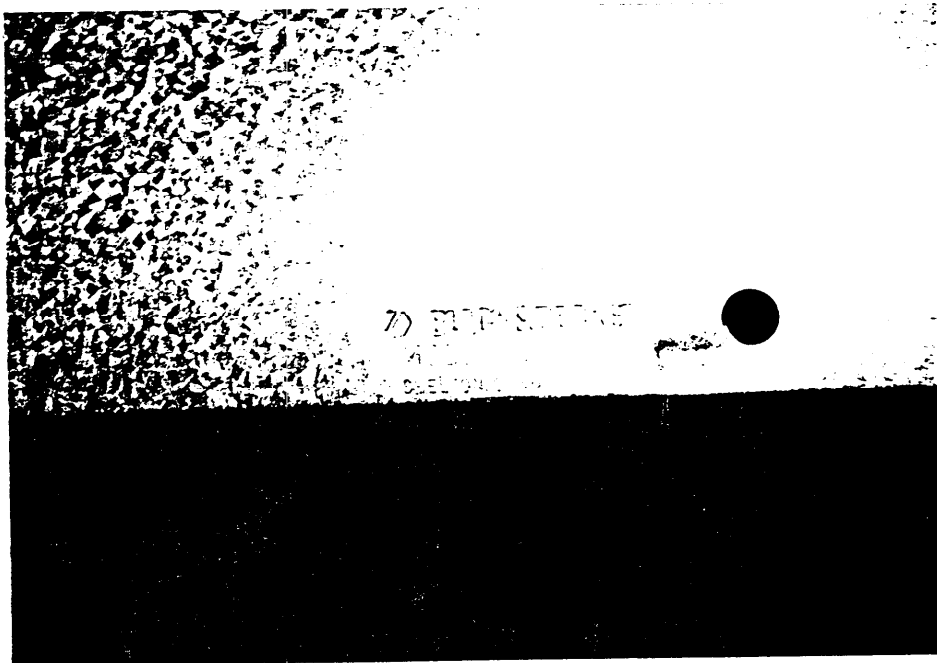


Photo # 12 - Labeling on bottom near
a hole in the metal. Notice brand
name & model number.

95 0105 CCC 3200
Exhibit # 9



Photo# 13 - Additional labeling
on bottom of toaster.

24 FEB 1995

FIELD ACTIVITY COVERSHEET

1. REGION/STATE FOWR/PHX Arizona		2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other []		3. DATE
				4. NUMBER (For RO Use) 950105CCC3200
5. ESTABLISHMENT Name Black & Decker Inc. Address 6 Armstrong City Shelton State CT Zip 06485 Telephone				
6. RELATED FIRM <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other _____ Name City State				
7. PRODUCTS COVERED Toast-R-Oven Broiler (model # TRO510)			8. OTHER CONSUMER PRODUCTS []	
9. ESTABLISHMENT TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other []			10. ANNUAL PRODUCTION Product Covered \$ Units [] Other Products \$ Units []	
11. U.S. BUSINESS % Received [] % Shipped []	12. SAMPLES COLLECTED T-869-8570	13. MIS CODE 32626	14. HOURS Activity 6 hrs. + Travel 40 min. +	
15. REASON FOR ACTIVITY (Assignment Reference) IDI # 950105CCC3200 was assigned as a follow up to an incident report, # FB0166A.				
16. ANNOUNCED <input type="checkbox"/> Rationale for Announced Inspection UNANNOUNCED <input type="checkbox"/> N/A				
17. EMPLOYEE'S NAME Zannie E. Weaver		TITLE Investigator	SIGNATURE <i>Zannie E. Weaver</i>	
18. (X) ENDORSEMENT <input type="checkbox"/> REMARKS <input type="checkbox"/> SUMMARY <input type="checkbox"/> OTHER _____ This investigation involves a toaster oven that malfunctioned shortly after being used. The Balck & Decker toaster oven began exhibiting a light electrical odor and smoking while plugged into the wall outlet and in the "OFF" position. The product was sampled and shipped to CPSC engineering lab for review. There were no injuries associated with this incident. A limited inspection of the retailer where the product was purchased revealed no previous consumer complaint problems at that location with this product.				
19. REVIEWER'S NAME Joel C. Swisher		TITLE Act. Sup.	SIGNATURE	
20. REVIEW DATE 2/16/95	21. DISTRIBUTION 0: EPDS cc: CECA, LOS IDI Files cc c/s: LBaxter, LCornell (AMIS)			

950105CCC3200

Follow-up: Pending analysis and review of sample; Inspection of Black & Decker to determine the source of the counter top appliance failures.